Counties in which 10 or more cases of smallpox were reported during March, 1917, showing number of cases reported.

State.	Number of cases reported.	State.	Number of cases reported.
Arkansas:		Michigan:	
Garland County	14	Alpena County	23
Greene County	15	Genesee County	12
Lawrence County	10	Ingham County	13
Mississippi County	53	Oakland County	29
Polk County	12	Wayne County	16
White County	12	Minnesota:	
California:		Hennepin County	156
San Bernardino County	15	Olmsted County	24
San Francisco County	31	Polk County	10
Kansas:		Ramsey County	16
Barton County	18	St. Louis County	26
Coffey County	18	Wright County	10
Crawford County	37	Oregon:	
Doniphan County	13	Clatsop County	13
Logan County	14	South Carolina:	
Marion County	40	Edgefield County	12
Sedgwick County	17	Wisconsin:	
Shawnee County	16	Calumet County	25
Sumner County	17	Chippewa County	12
Wabaunsee County	19	Dane County	14
Louisiana:		Marinette County	10
Assumption Parish	11		
Orleans Parish	87		

CONFERENCE OF HEALTH AUTHORITIES.

UNITED STATES PUBLIC HEALTH SERVICE IN ANNUAL CONFERENCE WITH STATE AND TERRITORIAL HEALTH AUTHORITIES, WASHINGTON, APRIL 30 AND MAY 1, 1917.

The fifteenth annual conference of the State and Territorial health authorities with the Public Health Service of the United States was held April 30 and May 1, 1917, in the city of Washington. This conference is held annually pursuant to an act of the Congress approved July 1, 1902.

The following were among the matters brought before the conference for its consideration:

The need and advisability of correlating the Federal, State, and local health authorities and agencies to effect a maximum of cooperative efficiency in times of national emergency.

Reciprocal notification by State and Territorial authorities of disease carriers traveling or about to travel from one State or Territory to another.

Minimum standard morbidity tables for use in annual reports of State and Territorial health authorities showing the prevalence and geographic distribution of cases of the notifiable diseases.

What constitutes an epidemic or unusual prevalence of a disease.

The typhus fever situation as it affects the United States and the best means of handling it.

Are health authorities using all available information and known means to reduce the morbidity from pneumonia, syphilis, and tuberculosis.

The sanitation of public conveyances.

Interstate quarantine regulations.

Intrastate quarantine regulations.

Health insurance versus sickness insurance.

Standard methods of public health accounting.

The status of full-time local health officers in the United States.

Rural public health administration and sanitation.

The development of an area of known disease prevalence through the establishment of a morbidity registration area of the notifiable diseases.

The need for better, more uniform, and comparable morbidity statistics of general hospitals, special hospitals, and sanatoria, and the advisability of the establishment of a registration area for morbidity and medical statistics of these institutions.

The need for uniform and comparable morbidity and medical statistics of penal institutions, and the advisability of the establishment of a registration area for the morbidity statistics of these institutions.

The need for uniform and comparable morbidity statistics of those engaged in certain industries, and the advisability of the establishment of a registration area for such statistics.

The collection and publication of public health and sanitary information as it relates to the several States and Territories, such as public health laws and regulations, directories of State and Territorial health authorities, appropriations made for public health purposes, and public health methods and practices.

Resolutions Adopted.

The following are among the resolutions formally adopted by the conference:

PARTICIPATION OF STATES IN CONFERENCE.

Resolved, That the Secretary of the Treasury be requested, through the Surgeon General of the United States Public Health Service, to call to the attention of the governors and the health authorities of the several States and Territories the important public health aspects of the annual conferences of the State and Territorial health authorities with the United States Public Health Service and to urge that due provision be made for the regular attendance of the proper health officials and for their attendance also on such committee meetings as may be necessary for the work of such conferences.

STANDARD MORBIDITY TABLES.

Resolved, That the conference adopts as minimum standard morbidity tables for publication in annual reports of State and Territorial health authorities tables giving the distribution of cases of the notifiable diseases, as follows:

1. Chronologically by months.
2. By sex.
3. By 5-year age groups up to 25 years and by 10-year age groups after 25 years.
4. By termination (recovery or death).
5. Geographically by counties and municipalities.

RECIPROCAL NOTIFICATION OF DISEASE CARRIERS.

Whereas immediate knowledge of (1) cases of communicable diseases (plague, cholera, typhoid fever, pulmonary tuberculosis, yellow fever, smallpox, leprosy, typhus fever, scarlet fever, diphtheria, measles, whooping cough, poliomyelitis (infantile paralysis), Rocky Mountain spotted or tick fever, epidemic cerebrospinal meningitis, and dysentery, and such other diseases as the Surgeon General of the United States Public Health Service may designate from time to time) recognized in one State, but obviously infected outside that State, and of (2) persons leaving one State for another while in an infectious condition, and of (3) persons leaving a State after exposure to a source or medium of infection of an acute infectious disease,

would be of great value to the health authorities of the States and Territories which may be concerned and to the United States Public Health Service; be it

Resolved, That during the present war immediate reciprocal notification in regard to such cases and carriers and exposed persons be made by State and Territorial health authorities on forms to be provided by the United States Public Health Service.

HEALTH INSURANCE VERSUS SICKNESS INSURANCE.

Resolved, That in the judgment of this conference the use of the phrase "health insurance" to describe a system of sickness relief that makes no specific, positive, and definite provision for the conservation of health is liable to endanger the efficiency of existing health agencies and retard their further development.

Resolved, That in any scheme for health insurance all activities looking toward the active conservation and promotion of health should be entrusted to the regularly established health conservation agencies, which should be reorganized or reinforced for that purpose if necessary.

DRINKING FOUNTAINS.

INVESTIGATION OF FOUNTAINS AT THE UNIVERSITY OF MINNESOTA.

By H. A. WHITTAKER, Director, Division of Sanitation, Minnesota State Board of Health.

This investigation was undertaken to determine the sanitary condition of the drinking fountains in use at the University of Minnesota and, if they were found to be unsatisfactory, to offer recommendations for correcting defects. The work consisted of a study of the mechanical features of each fountain, bacteriological examinations of the parts of the fountain exposed to the lips of the consumer, and bacteriological examinations of the water supplied to and discharged from the fountain.

The method of conducting this investigation was briefly as follows: Samples of water were collected from taps in the various buildings to represent the water supplying the fountains, and from the jet on each fountain to represent the water discharged from the fountain. A swab was rubbed over all parts of the fountain that might easily come in contact with the lips of the consumer, in order to determine the presence or absence of streptococci. The water samples were examined for the total number of bacteria per cubic centimeter, for *B. coli* in 1 and 100 cubic centimeter amounts, and for streptococci in 100 cubic centimeter amounts. The bacterial counts were made on agar after forty-eight hours' incubation at 37° C. The determinations for *B. coli* were made in accordance with the routine methods [1] used by this division. The examinations for streptococci in 100 cubic centimeter samples of water were made by enriching the samples with quadruple strength dextrose broth and examining

[1] Public Health Reports, vol. 29, No. 20, May 15, 1914, p. 1228–1229.